



Quarantine and Isolation Medical Shelter
Standard Operation Procedure

SOP No: MS-110
Date: 05/19/2020

Standard Operating Procedure DSW Request Process

Subject: Disaster Service Worker (DSW) Request Process

1. Introduction

The County utilizes Disaster Service Workers (DSWs) as Site Managers and Directors at the Medical Shelter sites to provide onsite logistical support, liaise with the EOC, and support various administrative and oversight tasks.

2. Contacts

- Requesting departments should submit DSW requests through their DOC who will add the request to OARRS.

3. Procedures

- All requests for DSWs are submitted via OARRS using the "Human Resource Request for County Emergency Operations Center (CEOC)" form (attached). Information includes the Assignment, who, when, and where staff will report, the duration of the assignment, a description of the role, and the skills and abilities required to execute the role.

4. References

- Example attached

County of Los Angeles
Medical Sheltering Unit

County of Los Angeles Medical Sheltering Unit

HUMAN RESOURCE REQUEST FOR COUNTY EMERGENCY OPERATIONS CENTER (CEOC)

Section: (check one)	<input checked="" type="checkbox"/> Ops	<input type="checkbox"/> Planning	<input type="checkbox"/> Logistics	<input type="checkbox"/> Finance/ Administration	<input type="checkbox"/> PIO	<input type="checkbox"/> Other
Assignment:	Medical Sheltering Site Director/Supervisor					
Reporting To:	Luis Valdez/Bryan La Sota					
Requested Start Date and Time:	Needed ASAP (15 people)					
Projected Assignment Duration:	90 days (with potential for more)					
Location of Assignment:	Various sites in LA County					
Description of Role:	<ul style="list-style-type: none"> Serve as main POC for EOC team, participate in regular site update calls Ensure functional operations of all site operations including vendor management, task assignment to Director/Managers, etc. 					
Knowledge, Skills and Abilities Required:	- Scheduling and organization; demonstrated problem solving; creating an atmosphere of engagement, collaboration, gratitude and service, and inspires teamwork; and, the ability to access and produce information from a computer.					

If you have a specific person in mind to support the CEOC, please provide the information below:			
Full Name:	Last	First	MI
Employee Number (optional):			
Department:			
Title:			
Current Supervisor:			
Background of Request:			
Have you discussed the role with the employee, prior to this official request?			
Has there been a discussion with the employee's department and any agreements made, or concerns shared, about providing the employee to the CEOC?			

For Office Use Only:				
Approved by		Date		Date Received by DHR
Employee Name:	Last		First	MI
Employee Number:				
Department:				
Date Filled:				
Notes / Special Restrictions:				